

# **FEE CALCULATION SHEET** (FOR USE WITH FORM PTO-875)

**10/597813**

FILING DATE

APPLICANT(S)

**Act. 34**

## **CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		X	X		
2	/					
3		1				
4		3				
5		3				
6		0				
7	/					
8		1				
9		0				
10		0				
11		0				
12		0				
13		0	/			
14	/		/			
15	/		/			
16	/		/			
17		1	/			
18		0	/			
19		0	/			
20		0	/			
21		0	/			
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23		0	/			
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49						
50						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	24	←	20	←		←
TOTAL CLAIMS	31		27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						